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CONFIRMATION NO. 2845

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| SERIAL NUMBER 10/652,849 | FILING OR 371(c) DATE 08/29/2003 RULE | CLASS 705 | GROUP ART UNIT 3626 | ATTORNEY DOCKET NO. S.WELL | |
| APPLICANTS Douglas J. Short, Fort Wayne, IN; ** CONTINUING DATA ***** This appln claims benefit of 60/486,846 07/11/2003 <i>Renewed S.R.R.</i> ** FOREIGN APPLICATIONS ***** <i>None S.R.R.</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/03/2003 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Michael B. McNeil</i> <i>S.R.R.</i> Examiner's Signature Initials | | STATE OR COUNTRY IN | SHEETS DRAWING 0 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| ADDRESS Michael B. McNeil Leill & McNeil Attorneys PC PO Box 2417 511 S. Madison Street Bloomington, IN47402 | | | | | |
| TITLE Method of promoting employee wellness and health insurance strategy for same | | | | | |
| FILING FEE RECEIVED 375 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |